

**Waste Inspection Report**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

Vehicle Weight Gross: \_\_\_\_\_ Tare: \_\_\_\_\_ Net: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street City State Zip

Driver/s Name: \_\_\_\_\_ Driver/s Signature: \_\_\_\_\_

Waste Generator Name: \_\_\_\_\_

Waste Generator Address: \_\_\_\_\_  
Street City State Zip

Inspector Load Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waste Type**

Household: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Medical: \_\_\_\_\_ Ash: \_\_\_\_\_ Sludge: \_\_\_\_\_ Wood: \_\_\_\_\_  
Asbestos: \_\_\_\_\_ Contaminated Soil: \_\_\_\_\_ C/D Debris: \_\_\_\_\_ Tires: \_\_\_\_\_ PCBs (<50 ppm): \_\_\_\_\_  
Household or Conditionally Exempt Hazardous Waste: \_\_\_\_\_ Other: \_\_\_\_\_  
(Describe material, pre-authorization, and/or disposal method)

**Suspicious Load (check potential for hazardous material content)**

Sealed Containers: \_\_\_\_\_ Dry Chemicals: \_\_\_\_\_ Liquid: \_\_\_\_\_ Radioactive: \_\_\_\_\_ PCBs: \_\_\_\_\_  
Flammable Material: \_\_\_\_\_ Oxidizers: \_\_\_\_\_ Other: \_\_\_\_\_

Field Tests Performed: \_\_\_\_\_ By: \_\_\_\_\_  
Test Results: \_\_\_\_\_

Generator Non-Hazardous Certification Not Needed: \_\_\_\_\_ Requested: \_\_\_\_\_

**Inspection Results**

Load Accepted: \_\_\_\_\_ Load Rejected: \_\_\_\_\_

Follow-up (if needed): \_\_\_\_\_

Division of Solid and Hazardous Waste notified of hazardous waste load rejected: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_